AUSTEN RIGGS CENTER
Fee Reduction Application

Patient and Applicant Information

Patient First Name	Patient Last Name	Patient Middle Initial
Date of Birth	Telephone Number	Telephone Number
Guarantor First Name	Guarantor Last Name	Relationship to Patient
Mailing Address		Telephone Number

Application Checklist

☐ **Complete the Statement of Financial Position (Balance Sheet)**

    This statement must include the resources of all family members.

      - Provide supporting documentation for all assets and liabilities.

☐ **Federal Income Tax Returns**

    Provide copies of the most recent two years' tax returns with all supporting schedules.

☐ **Current Year Income**

    Include form of income verification for all family members.

☐ **Letter of Transmittal**

    Include the following information:

      - Dependents (relationships and ages)
      - Other Financial Responsibilities
      - Sources of possible assistance from relatives, employers, and/or others
      - Amount of recovery from insurance policies, if any
      - Amount of invasion of capital already made to finance patient's treatment

☐ **Mail completed application with supporting documentation to:**

        Austen Riggs Center
        ATTN: Finance Department
        25 Main Street
        Stockbridge, MA 01262

AUSTEN RIGGS CENTER

Fee Reduction Application cont.

Statement of Financial Position		
Applicant Name	Patient Name	Date

Cash & Investments

Cash

	Checking/Saving Account:	$

Investments

	Stocks/Bonds	$
	Retirement	$
	Real Estate	$
	Other (specify):	$
TOTAL Cash & Investments		$

Properties

Residence		$

Personal Property

	Trusts	$
	Interest in Estates	$
	Other (specify):	$
TOTAL Properties		$

Liabilities

	Taxes and Accounts Payable	$
	Notes due to Bank	$
	Notes due to Others	$
	Mortgage on Real Estate	$
	Other (specify):	$
TOTAL Liabilities		$

TOTAL Assets	Cash & Investments + Properties	$
TOTAL Liabilities	Total Liabilities	$
TOTAL Net Worth	(Total Assets - Total Liabilities)	$

Signature: _____

(Applicant)

Signature: _____

(Co-Applicant)